## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHED	ULE E)		PAGE 1 FOR SE OF	OF 5 FORM 24/48
NAME OF COMMITTE (In Full)			DENTIFICATION	ON NUMBER ▼
CREDO SUPERPAC			C00507517	
Check If 24-hour report				
	Name (Last, First, Middle Initial) of Payee ance Graphics	• M = M	/ D D /	Y   Y   Y   Y
Maili	ng Address 1101 8th Street, Suite 100	10	15	2012
City Berk	State Zip Code eley CA 94710  Trans	saction ID	) : SE.8839	544.22
Print	ose of Expenditure ing Category/ Type Office Sou		House Senate	State: IA District: 04
	e of Federal Candidate Supported or Opposed by Expenditure:  VE MR. KING  Check On	e:	President Support	X Oppose
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	nent For: Other (sp	Primary ecify)	General
	Name (Last, First, Middle Initial) of Payee ter Printing	Date 09 27 2012		
Maili	ng Address 1739 E Grand Ave Amo	ount		
City Des	State Zip Code Moines IA 50316 Trans	saction II	D : <b>SE</b> .8831	44.52
Print	Туре	ıght: 🔀	House Senate President	State: IA District: 04
	e of Federal Candidate Supported or Opposed by Expenditure:  VE MR. KING  Check On	e:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 26525.54 Disbursem	nent For: Other (sp	Primary eccify)	General
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Sic	Becky Bond  [Electronically Filed] Date	15	/ Y Y 201	2